Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

January 22, 2009

Randolph F. Snowden Director Napa County Health & Human Services Agency Mental Health Department 2261 Elm Street Napa, CA 94559-3721

Dear Mr. Snowden:

AUDIT REPORT - NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Napa County Health and Human Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	S	<u>ettled</u>	Allov	ved	<u>Adjust</u>	<u>ment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 2,2	42,797	\$ 2,16	66,543	\$ (76	5,254)
Federal Share of Healthy Families	\$	0	\$	0	\$	0
State General Funds EPSDT Due State	\$ 24	41,313	\$ 22	25,655	\$ (15	5,658)

Randolph F. Snowden, Director January 22, 2009 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

MABEL GILTNER, Supervisor Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

cc: Rose Hardcastle, Fiscal Manager

NAPA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2004

NET REIMBURSA <u>bl</u> e medi-cal			As Settled	_	Audit Adjustments	_	As Audited
PROGRAM COSTS							
COUNTY PROVIDERS	•						
MEDI-CAL - FFP	(Sch. 2a)	\$	1,550,023	\$	(76,198)	S.	1,473,825
HEALTHY FAMILIES - FFP	(Sch. 2a)	•	0	•	0	•	0
TOTAL FFP - COUNTY PROVIDERS	(\$ _	1,550,023	\$_	(76,198)	\$_	1,473,825
CONTRACT PROVIDERS							
MEDI-CAL - FFP	(Sch. 3b)	\$	692,774	\$	(56)	\$	692,718
HEALTHY FAMILIES - FFP	(Sch. 3b)		0		0		0
TOTAL FFP - CONTRACT PROVIDERS		\$	692,774	\$_	(56)	\$_	692,718
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS						
MEDI-CAL - FFP		\$	2,242,797	\$	(76,254)	\$	2,166,543
HEALTHY FAMILIES - FFP			0		0		0
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS	\$	2,242,797	\$_	(76,254)	\$_	2,166,543
SUMMARY OF STATE GENERAL FUNDS							
EPSDT - SGF	(Sch. 4)	\$_	241,313	\$	(15,658)	\$	225,655

NAPA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

<u> </u>	WIT OF ENGLISE Y ELECTRIC					Audit		
				As Settled		Adjustments		As Audited
Tota	Medi-Cal Gross Reimbursement				-		_	
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		2,054,372		(88,171)		1,966,201
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		11,191		(1,563)		9,628
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7 .	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		. 0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		0		0		0
9.	Total		\$ _	2,065,563	\$	(89,734)	\$	1,975,829
Less	: Patient & Other Payor Revenues							
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		9,255		0		9,255
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18.	Total		\$_	9,255	\$	0	\$=	9,255
Med	i-Cal Net Reimbursement for Direct Services							
19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		2,056,308		(89,734)		1,966,574
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24.	Healthy Families-O/P	(Ln 8 - Ln 17)	_	0	_	0		0
25.	Total		\$ _	2,056,308	\$	(89,734)	\$_	1,966,574
Med	li-Cal MAA Reimbursement							
26.	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	148,137	\$	(131,068)	\$	17,069
27.	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		21,046		5,212		26,258
28.	Service Functions 21-19	(MH1979, Ln 13, Col. A)		13,425		(0)	_	13,425
29.	Total		\$	182,608	- \$	(125,857)	\$	56,751

NAPA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

<u>CO</u>	UNTY OPERATED FEDERAL			An Cattlad		Audit		As Audited
A m	ount Negotiated Rates Exceed Cost		_	As Settled	-	Adjustments	-	As Audited
	Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
	Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	J	0	Ф	0	Ф	0
32.	Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33.	Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
	Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
	Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
	Total	(MIT 1900, Ell 40, 40A)	•		<u>s</u> -		s -	0
30.	Total		*≕	<u>~</u>	=	<u>~</u>	" =	<u>~</u>
Me	di-Cal Administrative Reimbursement							
	Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	567,233	\$	(13,476)	\$	553,757
	Medi-Cal Administration	(MH 1979, Ln 5)	s	1,481,182	\$	(421,620)	_	1,059,562
	Medi-Cal Administrative Reimbursement	(Lower of Ln 37, Ln 38)	<u>s</u> –	567,233	\$-	(13,476)	-	553,757
37.	Medi-Car Administrative Reminuscence	(Editer of Eli 57, Eli 50)	" ==	307,233	Ψ=	(15,470)		333,737
Hea	Ilthy Families Administrative Reimbursement							
-	Healthy Families Administrative Reimbursement Lim	it (MH1979, Ln 8)	\$	0	\$	0	\$	0
	Healthy Families Administration	(MH1979, Ln 9)	\$	0	-	0	\$	0
42.	Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$	0	\$	0	\$	0
	•	(==::::,=:::,	=		=		=	
<u>Uti</u>	lization Review Reimbursement							
43.	Skilled Professional	(MH1979, Ln 14, Col. D)	\$	98,278	\$	54,917	\$	153,195
44.	Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$	80	\$	45	\$	125
			=		=		: =	
Net	SD/MC Reimbursement - FFP							
45.	Direct Services	(MH1979, Ln 16,16A)	\$	1,090,723	\$	(46,725)	\$	1,043,998
46.	Enhanced (Children)	(MH1979, Ln 17,17A)		7,274		(1,016)		6,258
47.	Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48	MAA	(MH 1979, Ln 11, 12 & 13	()	94,660		(62,928)		31,732
49.	Administrative Reimbursement	(MH1979, Ln 6)		283,617		(6,738)		276,879
50.	U.R. Skilled Professional	(MH1979, Ln 14)		73,709		41,187		114,896
51.	U.R. Other	(MH1979, Ln 15)		40		23		63
52.	Negotiated Rate-Payback	(MH1979, Ln 20)		0		0	_	0
53.	Subtotal- FFP		\$_	1,550,023	\$	(76,198)	\$	<u>1,</u> 473,825
54.	Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55.	Quality Assurance Review Results	(Adj #)	_	0		0		0
56	Total SD/MC Reimbursement - FFP		æ	1 550 000	•	(76.100)	r	1 472 926
			\$ _	1,550,023	\$:	(76,198)	= =	1,473,825
	Healthy Families Reimbursement - FFP	(14111000 1 2424)			•			
	Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	0	\$	0	\$	0
	Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
	Administrative Reimbursement	(MH1979, Ln 10)	_	0		0		0
60	Total Healthy Families Reimbursement - FFP		\$ =	0	\$:	0	. \$.	0
61	Total - FFP (Ln 56 + Ln 60)		ø	1 550 000	ď	(7/ 100)		1 472 026
U1	10ta - 111 (Eli 30 / Eli 00)		\$ _	1,550,023	\$.	(76,198)	= °	1,473,825
								(To Sch. 1)

NAPA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Medi-Cal	Enhanced -	Enhanced -	Total	Healthy	Medi-Cal	Enhanced -	Enhanced -	Total	Healthy
Legal		and Crossover	Children	Refugees	Gross Cost	Families	and Crossover	Children	Refugees	Gross Cost	Families
Entity		Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost	Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost
Number	Legal Entity		Ì N ₽	A T I	E N T			O U T	PATI	E N T	
		(MH 1968,	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 6 to 8)	(MH 1968,
		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)	,	Ln 27, 27A)
270	B. 1.1:										_
270 271	Buckelew	\$ 0 \$ 5 0 \$	0 5							71,323 \$	0
463	Progress Foundation Aldea	\$ 0.5	0 5							785,553 \$	0
512	River Oak Center for Children	\$ 0\$	0 5							422,602 \$	0
997	Bayberry, Inc.	\$ 0\$	0 5							15,801 \$	0
951	Bayberry, Inc.	\$ 0.5	0 5		0 \$					1,726 \$ 0 \$	0
		\$ 0.5	0.5		0 \$					0 \$	0
		\$ 0.5	0 5							0 \$	0
		\$ 0 \$	0 \$							0 \$	0
		\$ 0.5	0 9		0 \$					0 \$	0
		\$ 0.5	0 9		0 \$					0 \$	0
		\$ 0.\$	0 9							0 \$	0
		\$ 0 \$	0 9							0 \$	n
		\$ 0.5	o s		0 \$					0 \$	Ô
		\$ 0 \$	0 8		Ŏ \$					0 \$	ñ
		\$ 0\$	0 9		o s					o s	ñ
		\$ 0 \$	0.\$		0 \$					0 \$	o o
		\$ 0 \$	0 \$							0 \$	n
		\$ 0 \$	0 \$		0 \$					0 \$	ō
		\$ 0 \$	0 \$	0 \$	0 \$	0 9	5 0 9	0 \$	0 \$	0 \$	ō
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	5 0 9	0 \$	0 \$	0 \$	Ō
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	5 0 9	0 \$	0 \$	0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 9	0 \$	0 \$	0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 9	0 \$	0 \$	0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$ 0 \$	0 \$		0 \$	0 \$		0 \$		0 \$	0
		\$ 0 \$	0 \$			0 \$			0 \$	0 \$	0
		\$ 0 \$	0 \$		0 \$	0 \$				0 \$	0
		\$ 0 \$	0 \$		0 \$	0 \$				0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	0
		\$ 0 \$	0 \$		0 \$	0 \$				0 \$	0
		\$ 0 \$	0 \$		0 \$	0 \$				0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
	ORAND TOTAL		_							4 207 005 4	
	GRAND TOTAL	\$0\$	0 \$	0 \$	0 \$	0 \$	1,293,101 \$	3,904 \$	0 \$	1,297,005 \$	0

NAPA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

			(11)	(12)	(18)	(14)	[15]	(16)	(17)	(18)	(19)
			Total	Healthy	_ Total	Healthy	Total		Total		Total
Legal			Revenue (Excl. HFP)	Families	Revenue	Families	Net Cost (Excl. HFP)	Net Cost	Net Cost (Excl. HFP)	Net Cost Healthy Families	MAA FFP
Entity				Revenue	(Excl. HFP)	Revenue		Healthy Families			
Number	<u>Legal</u> Entity		INPAT		OUTPA		INPA			ATIENT	Reimbursement
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Լո 31)	Ln 28 to 30)	Ln 31)					Ln 11-13)
270	Buckelew	\$	0 \$	0 \$	0 \$	0 9					0
271	Progress Foundation	\$	0 \$	0 \$	0 \$	0 \$					0
453	Aldea	\$	0 \$	0 \$	0 \$	0 \$					0
512	River Oak Center for Children	\$	0 \$	0 \$	0 \$	0 \$					_
997	Bayberry, Inc.	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$			0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$		\$ 0 \$	0
C		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$			0
O		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 :		0
0		0 \$	0 \$	0 \$	0 \$	0 \$					0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$				0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$			•	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$				0
C		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 :	\$ 0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$					0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	O \$	0 :	\$ 0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$		\$0\$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 :	\$0\$	0
a		0 \$	0 \$	0 \$	0 \$	0 \$				\$ 0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$				0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$				0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 :	\$ 0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$		-		0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$				0
D		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	• •			0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$			0
D		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$			0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$				0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$				0
D		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$			0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 8	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 9	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 9	\$ 0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	Ō
О		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$				0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$			0 \$	0
	GRAND TOTAL	\$		0 \$		s			1,297,005		

NAPA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

		333	(20) Neg. Rates	(21) Neg. Rates	(22) Neg. Rates	(23) Neg. Rates	(24)	(25)	(26)	(27)	(28)
Legal			Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity			(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity	1		TIENT		TIENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
71000		,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)	, maximum	Maximoni
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)	(1811 1373, 2116 217	(1011 1373, 131. 27)	(00). 24 · 25)		
270	Buckelew	\$	0	s 0 s	0 \$	0 \$	37,998 \$	0 \$	37,998 \$	37,998 \$	37,998
271	Progress Foundation	\$	0	\$ 0 \$	0 \$	0 \$	419,198 \$			419,198 \$	419,198
463	Aldea	\$	0	\$ 0 \$	0 \$	0 \$	226,023 \$	0 \$	226,023 \$	226,023 \$	226,023
512	River Oak Center for Children	\$	0	\$ 0 \$	0 \$	0.\$	8,561 \$	0 \$	8,561 \$	8,561 \$	8,561
997	Bayberry, Inc	\$	0	\$ 0 \$	0 \$	0 \$				938 \$	938
0		0 \$	0	\$ 0 \$	0 \$	0 \$				0 \$	0
0		0 \$	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0
0		0 \$	0	\$ 0 \$	0 \$	0 \$		0 \$	0 \$	0 \$	Ō
0		0 \$	0	\$ 0.5	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
D		0 \$	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	ō
0		0 \$	0		0 \$	0 \$		0 \$		0 \$	ō
0		0 \$	0		0 \$	0 \$	0 \$	0 \$		0 \$	Õ
О		0 \$	0		0 \$	0 \$		0.8		0 \$	Õ
0		0 \$	0		0 \$	0 \$	0 \$	0.5	0 \$	0 \$	0
0		0 \$	ō :	\$ 0 \$	0 \$	0 \$	0 \$	0.5		0 \$	Ö
0		0 \$	0		0 \$	0 \$		0 \$		0 \$	0
0		0 \$	o :		0 \$	0 \$	0 \$	0 \$		0 \$	Ö
0		0 \$	0 :		0 \$	0 \$		0 \$		0 \$	Ö
٥		0 \$	0 :		0 \$	0 \$	0 \$	0 \$	0.5	0 \$	Ö
0		0 \$	0 9	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	ő
0		0 \$	0 9		0 \$	0 \$	0 \$	0 \$		0 \$	Ö
0		0 \$	0 :		0 \$	0 \$	0 \$	0 \$		0 \$	n
0		0 \$	0 9		0 \$	0 \$	0 \$	0 \$		o s	Ô
ō		0 \$	0 9		0 \$	0 \$	0 \$	0 \$		0 \$	0
0		0 \$	0 9		0 \$	0 \$	0 \$	0 \$		0 \$	ő
0		0 \$	0 9		0 \$	0 \$	0 \$	0 \$		0 \$	ő
0		0 \$	0 9		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	ő
0		0 \$	0 9		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	ň
ō		0 \$	0 9		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	ñ
n		0 \$	0 \$		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	Ô
n		0 \$	0 5		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 5		0 \$	0 \$	0 \$	0 \$			0
n		0 \$	0 3		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 5		0 \$		0 \$		0 \$	0 \$	
O O		0 \$	0 5		0 \$	0 \$ 0 \$	0 \$	0 \$	0 \$	0 \$	0
U		U 3			0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
4	GRAND TOTAL	\$	0 9	0 \$	0 \$	0 \$	692,718 \$	0_\$	692,718 \$	692,718 \$	692,718

(To Sch. 1)

NAPA COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	3,353,418	(89,839)	3,263,579
(2) Total SD/MC Claims	4,114,076	0	4,114,076
(3) Percent % (Line 1/Line 2)	81.51%	-2.18%	79.33%
(4) EPSDT Claims	1,535,994	0	1,535,994
(5) Actual Cost Settled EPSDT SD/MC			
(Line 3 X Line 4)	1,251,989	(33,529)	1,218,460
(6) Cost Settled Baseline for EPSDT	735,259	0	735,259
(7) Net Cost Settlement Amount			
(Line 5 - Line 6)	516,730	(33,529)	483,201
(8) 46.70% of Cost Settlement Amount			
(Line 7 x 46.70%)	241,313	(15,658)	225,655
(8a) FY 2001-02 EPSDT Settlement	360,951	0	360,951
(48.64% of net cost (8))			
(8b) Annual Local Growth (L. 8 - 8a)	0	0	0
(9) County Match 10% of Local Growth (8b x 10%)	0	0	0
(10) Net Cost Settlement Amount (L. 8 - 9)	241,313	(15,658)	225,655
(11) SGF Distribution (Settled and Audited)	241,313	0	241,313
(12) SGF Due County (State)	(0)	(15,658)	(15,658)
			(To Sch. 1)

Source

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (11) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provide	NAPA COUN	NTY			Provider Number 00028		No. of Adj. 58	Fiscal P June	eriod En 30, 200	
	Report Refe	erence					As	Increase	As	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS 	Reported		(Decrease)	Adjusted	
				ADJUSTMENTS TO REPORTED COSTS						
1 2	MH 1960 MH 1960	8 18	C	ALLOWABLE COSTS FOR ALLOCATION MODE COSTS (DIRECT SERVICE AND MAA)		\$	8,299,829 5,173,265	\$ (124,450) (124,450)	\$	8,175,379 5,048,815 *
				To adjust total MAA costs due to lack of supporting documenta	tion.					
3 4 -	MH 1960 MH 1960 MH 1960	9 11 12	3 3 3	SD/MC ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$	1,481,182 1,450,690 2,931,872	\$ (1,481,182) (1,450,690) 0		\$0 * 0 * 2,931,872 *
				To eliminate the reported distribution of administrative costs. C redistributed after adjustments to administrative costs below.	osts will be					
5 6	MH 1960 MH 1960	12 18	3	TOTAL ADMINISTRATIVE COSTS MODE COSTS (DIRECT SERVICE AND MAA)		** \$	2,931,872 5,048,815	\$ (71,905) 71,905	\$	2,859,967 * 5,120,720 *
				To adjust for Budget Unit #500 administrative costs reclassified MAA Program. The transfer of cost occurred; but the correspo of costs from Total Administrative Costs did not occur resulting costs being understated.	nding reduction					
7 8	MH 1960 MH 1960	12 18	3	TOTAL ADMINISTRATIVE COSTS MODE COSTS (DIRECT SERVICE AND MAA)		** \$ **	2,859,967 5,120,720	\$ (97,702) 97,702	\$	2,762,265 * 5,218,422
				To adjust for administrative costs reclassified to the MAA Progr The transfer of cost occurred; but the corresponding reduction Total Administrative Costs did not occur resulting in direct servi being understated.	of cost from					
 		 		Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.						

and property of a state of the contract of the

Provider	NAPA COU	NTY			Provider Number 00028	No. of Adj. 58		eriod Ended 30, 2004
	Report Refe					As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS				:
9 10 11 -	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	3 3 3 3	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To allocate Total Utilization Review Costs using the Medi-Cal Eligibility Factor percentage of 78.75% for SPMP and Other UF 21.25% for Non-SD/MC UR for consistency with prior-yea	t and r method.	\$ 98,278 80 96,334 194,692	\$ 54,917 45 (54,962) 0	\$ 153,195 125 41,372 194,692
12 13 -	MH 1960 MH 1960 MH 1960	9 11 12	3 3 3	SD/MC ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS To allocate Total Administrative Costs between SD/MC and No Administration based on the gross cost method percentages of for SD/MC and 61.6415% for Non SD/MC.	n SD/MC	** \$0 ** 0 ** 2,762,265	\$ 1,059,562 1,702,703 0	\$ 1,059,562 1,702,703 2,762,265
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.		Period Ended
	NAPA COUN	NTY			00028	58		30, 2004
	Report Refe	erence				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTME	INTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
			l 	ADJUSTMENTS TO REPORTED MODES OF SE	RVICE			
14	MH 1964	9	1	MODE COSTS (TOTAL)		\$ 5,173,265	\$ 45,157	\$ 5,218,422
				To adjust Total Mode Costs per MH 1964 in conjunction with adjustment numbers 2, 6 and 8.				
				Admin costs transferred to UR and MAA (adj. #6) Admin. costs transferred to MAA (adj. #8) Adjust MAA due to lack of documentation (adj. #2)	\$71,905 97,702 (124,450) \$45,157			
15	MH 1964	7	1	MEDICAL ADMINISTRATIVE ACTIVITIES (MODE 55)		\$ 191,909	\$ (124,450)	\$ 67,459
				To adjust total MAA costs due to lack of supporting documenta conjunction with adjustment number 2.	ation and in			
16 17	MH 1964 MH 1964	4 5	1 1	DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 AND 2)		\$ 502,355 4,141,465	\$ 4,517 165,090	\$ 506,872 4,306,555
				To adjust reported costs at the mode level in conjunction with a numbers 6 and 8. The adjustments reflect the RVS method of a	adjustment allocation			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	<u></u>			

Provide	<u> </u>	 -			Provider Number	No. of Adj.		eriod Ended
	NAPA COU	NTY			00028	58		30, 2004
	Report Ref	erence				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
No	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED GROSS COS	<u>8T</u>			
18 19 20 21 22 23 24	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	3 3 3 3 3 3 3		MODE 10 AND MODE 15 SERVICE FUNCTION 10/95 SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/30 SERVICE FUNCTION 15/40 SERVICE FUNCTION 15/60 SERVICE FUNCTION 15/70		\$ 502,355 748,371 278,792 132,991 1,131,918 932,319 604,240	\$ 4,517 6,730 2,507 1,196 140,840 8,383 5,434	\$ 506,872 755,101 281,299 134,187 1,272,758 940,702 609,674
25 26 27 28 29	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	3 3 3 3 3 3		To adjust the Medi-Cal reported gross cost at the service funct level to reflect the RVS method of allocation. MODE 55 SERVICE FUNCTION 55/01 SERVICE FUNCTION 55/07 SERVICE FUNCTION 55/09 SERVICE FUNCTION 55/14 SERVICE FUNCTION 55/17 TOTAL To adjust the MAA costs by service function codes to agree wirecords.		\$ 139,515 1,825 6,321 798 17,042 191,909	\$ (132,359) 1,322 (31) 2,613 4,005 (124,450)	\$ 7,156 3,147 6,290 3,411 21,047 67,459
	1			Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provide	NAPA COUN				Provider Number 00028	No. of Adj. 58	1	eriod Ended 30, 2004
	Report Refe				00020		Increase	As
Adj.	Form/	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	(Decrease)	Adjusted
NO.	301.	Line	001.	ADJUSTMENTS TO REPORTED MAA UNITS				
30 31 32 33 34 35	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	2 2 2 2 2 2 2		MODE 55 SERVICE FUNCTION 55/01 SERVICE FUNCTION 55/07 SERVICE FUNCTION 55/09 SERVICE FUNCTION 55/14 SERVICE FUNCTION 55/17 TOTAL MAA UNITS To adjust the MAA units by service function codes to agree with	h the county's	266,573 2,205 5,640 1,150 32,165 343,713	(251,638) 1,555 (60) 3,075 9,060 (238,008)	14,935 3,760 5,580 4,225 41,225 105,705
				ADJUSTMENTS TO REPORTED TOTAL UNIT	<u>rs</u>	518,683	59,340	578,023
36	MH 1966	2		SERVICE FUNCTION 15/40 To adjust total units to agree with the County's records.		510,003	39,340	373,623
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number 00028	No. of Adj.		eriod Ended 30, 2004
<u> </u>	NAPA COUN							
	Report Refe	rence		EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No	Form/ Sch.	Line	Col.	EXPLAIATION OF AGDIT ADDOCTMEN				
				ADJUSTMENTS TO REPORTED SD/MC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2				
37 38 39 40 41 42	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A	Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03 ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04 TOTAL To adjust the as settled (MH 1966A) SD/MC units of service/time county operated facilities to agree with the State DMH Approved Report dated February 26, 2008. The above adjustments included Copies of workpapers detailing adjustments by service functions been provided to the County.	Claims e Phase II.	201,190 647,387 3,910 8,528 2,353 3,339 866,707	13,613 20,089 120 100 270 90 34,282	214,803 * 667,476 * 4,030 * 8,628 * 2,623 * 3,429 * 900,989 *
43 44 45 46	МН 1966А МН 1966А МН 1966А МН 1966А	8 8A 10 10A	Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03 ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04 TOTAL To adjust the SD/MC units of service/time per the State DMH Applications Report to the county's records. The above adjustments Copies of workpapers detailing adjustments by service functions been provided to the County.	include Phase II.	** 214,803 ** 667,476 ** 2,623 ** 3,429 ** 900,989	260 1,345 (270) (1,345) (10)	215,063 * 668,821 * 2,353
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider			 -		Provider Number	No. of Adj.	Fiscal Per		
	NAPA COUN	TY		<u></u>	00028	58	June 3	0, 2004 ———————	
	Report Refe	rence		_		As	Increase	As	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted	
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND	<u>rs</u> <u>2</u>				
47 48	MH 1966A MH 1966A	8 8A	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 TOTAL		215,063 44 668,821 44 900,979	(270) (1,460) (1,730)	214,793 * 667,361 * 899,249 *	
-				To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. The abov include Phase II. Copies of workpapers detailing adjustments functions have been provided to the county.	e adjustments				
49 50 51 52	MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A	Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 TOTAL		** 214,793 ** 667,361 ** 4,030 ** 8,628 ** 899,249	(19,230) (83,334) (120) (100) (102,784)	195,563 584,027 3,910 8,528 796,465	
				To adjust SD/MC units as a result of disallowances identified b county's utilization review unit.	y the				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.					

Provide	NAPA COUN	NTY			Provider Number 00028	No. of Adj. 58	ì	riod Ended 0, 2004
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line_	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT	<u>s</u>			
53 - -	MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 10 10A	Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03 ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04 TOTAL To adjust the as settled (MH 1966A) SD/MC units of service/tin contract provider operated facilities to agree with the State DM Report dated February 26, 2008. The above adjustments inclu Copies of workpapers detailing adjustments by service function been provided to the County.	H Approved Claims de Phase II.	67,614 152,970 627 806 222,017	0 2,380 0 0 2,380	67,614 155,350 * 627 806 224,397 *
54	MH 1966A	8A		MEDI-CAL UNITS - 10/01/03 to 06/30/04 TOTAL To adjust SD/MC units as a result of disallowances identified by county's utilization review unit.	/ the	** 155,350 ** 224,397	(2,425) (2,425)	152,925 221,972
					,			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r NAPA COUI	NTY			Provider Number 00028	No. of Adj. 58		Period Ended 30, 2004
	Report Ref				00020	As	Increase	30, 2004 As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	As Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTLE	MENT			
55	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS R	EIMBURSEMENT	1,715,991	(104)	1,715,887
				To adjust reported Contract Provider Direct Medi-Cal Gross Re as a result of adjustments to the contract providers SD/MC unit service/time.				
56 57	MH 1979 Sch. 3b	21 Total	J 24	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL SD/MC REIMBURSEMENT (FFP) - CONTRACT PROVIDE	RS	\$ 1,550,023 692,774	\$ (76,198) (56)	\$ 1,473,825 692,718
				To adjust Total SD/MC Reimbursement (FFP) due to the adjust reported costs and units.	just Total SD/MC Reimbursement (FFP) due to the adjustments to ed costs and units.			
				ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT				
58	Sch. 4	10	3	TOTAL EPSDT SGF To adjust the final EPSDT settlement as a result of adjustments Medi-Cal cost.	to audited	\$ 241,313	\$ (15,658)	\$ 225,655
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

NAPA COUNTY COMMUNITY MENTAL HEALTH SERVICE SHORT-DOYLE/MEDI-CAL PROGRAM FINDING AND RECOMMENDATIONS FY 06/30/04

FINDING 1 - ADMINISTRATIVE SERVICE AND SUPPLIES COSTS COMBINED WITH DIRECT SERVICES

The County properly reported administration salaries and benefits in the Total Administrative Costs line of the cost report. However, services and supplies costs related to administration were not part of the reporting.

AUDIT AUTHORITY:

DMH letter No. 94-01 dated January 10, 1994 Fiscal Year 2003-2004 Cost Report Instruction, CFRS-33 CMS Pub. 15-1, Sections 2306, 2307

RECOMMENDATION:

We recommend that the County devise a method of determining services and supplies cost applicable to the administration department. Failure to include services and supplies cost related to the administration department overstates direct services cost.

AUDITEE'S RESPONSE:

We agree with this finding. Beginning with Fiscal Year 2005-2006 Cost Report, the County allocates an applicable portion of services and supplies cost to the administrative staff in the Mental Health department.

NAPA COUNTY COMMUNITY MENTAL HEALTH SERVICE SHORT-DOYLE/MEDI-CAL PROGRAM FINDING AND RECOMMENDATIONS FY 06/30/04

FINDING 2 – DUPLICATE ACCOUNTING OF MAA SALARIES AND BENEFITS

The cost of MAA services for certain employees are doubly accounted for in both the MAA Program and Administration. Because the county's method of determining direct services involves taking total costs less expenses from other programs, the county's double counting of expenses results in Direct Service Cost (treatment services) being understated.

AUDIT AUTHORITY:

Fiscal Year 2003-2004 Cost Report Instruction, CFRS-50

RECOMMENDATION:

We recommend that the County take steps to correct the duplicate accounting of the MAA salaries and benefits so as not to jeopardize future FFP reimbursement.

AUDITEE'S RESPONSE:

We agree with this finding. Beginning with Fiscal Year 2005-2006 Cost Report, the County took steps to correct the duplicate accounting of the MAA salaries and benefits.

CALCULATION OF PROGRAM COSTS MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: NAPA County Code: 28

	Legal Entity: NAPA COUNTY	Α	В	С
Le	gal Entity Number: 00028	Salaries	_	Total
		and Benefits	Oth <u>er</u>	Costs
1	Mental Health Expenditures	5,612,944	6,646,172	12,259,116
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(4,114,144)	(4,114,144)
4	Other Adjustments from MH 1962	(472,661)	607,571	134,910
5	Total Costs Before Medi-Cal Adjustments	5,140,283	3,139,599	8,279,882
6	Medi-Cal Adjustments from MH 1961		(104,503)	(104,503)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			8,175,379
	Administrative Costs (County Only)			
9	SD/MC Administration			1,059,562
10	Healthy Families Administration			
11	Non-SD/MC Administration			1,702,703
12	Total Administrative Costs			2,762,265
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			153,195
14	Other SD/MC Utilization Review			125
15	Non-SD/MC Utilization Review			41,372
16	Total Utilization Review Costs			194,692
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			5,218,422
	T + 10 + 1: 0 + 10			0.475.073
[19]	Total Costs - Lines 9 through 18			8,175,379

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: NAPA County Code: 28

Legal Entity: NAPA COUNTY	A	В	С
Legal Entity Number: 00028	Salaries		Total
	and Benefits	Other	Adjustments
1 Depreciation Expense		19,947	19,947
2			
3 Adj 1 To adjust MAA due to lack of documentation.		(124,450)	(124,450)
4			
5			
6			
7			
8			
9	_		
10			
11		•	
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments		(104,503)	(104,503)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY OTHER ADJUSTMENTS MH 1962 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: NAPA County Code: 28

Legal Entity: NAPA COUNTY	А	В	C
Legal Entity Number: 00028	Salaries		Total
	and Benefits	Other	Adjustments
1 See GL Detail for Aje's	(472,661)	607,571	134,910
2			
3			
4			
5			
6			
7			
8			_
9			
10			
11			
12			
[13]			
[14]			
15	_	_	
16			
17			
18			,
19			
20 Total Adjustments	(472,661)	607,571	134,910

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: NAPA County Code: 28

	Legal Entity: NAPA COUNTY	Α
Le	gal Entity Number: 00028	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	5,218,422
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	506,872
5	Outpatient Services (Mode 15 Program 1 + Program 2)	4,306,555
6	Outreach Services (Mode 45)	232,603
7	Medi-Cal Administrative Activities (Mode 55)	67,459
8	Support Services (Mode 60)	104,933
9	Total - Lines 2 through 8	5,218,422

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: NAPA County Code: 28

and any Moderation of the entropy of the top of the control of the entropy of the control of the

	County Code: 28			CR					
	Legal Entity: NAPA COUNTY		Α	В	С	D	E	F	G
Leg	al Entity Number: 00028		1	Service	Service	Service	Service	Service	Service
	_ Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
	Allegation Demontors		400 000	95					
	Allocation Percentage Total Units		100.00%	100.00%				 	
	Gross Cost		506,872	4,563 506,872					-
1000			300,072				00000000000	100000000000000000000000000000000000000	en de la companione
	Cost per Unit			111.08				ļ	
	SMA per Unit Published Charge per Unit			118.94					
	Negotiated Rate / Cost per Unit			117.04					
21,11	rregulated Nate / Cost per Offit	<u></u>	1	, e,		ananananan kenanan kenanga		242424242424242424	**************************************
8	Medi-Cal Units	07/01/03 - 09/30/03		729					<u> </u>
8A		10/01/03 - 06/30/04							
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							<u> </u>
9A '		10/01/03 - 06/30/04							
10 10A	nanced SD/MC (Children) Units	07/01/03 - 09/30/03							
	Enhanced SD/MC (Refugees) Units	10/01/03 - 06/30/04							_
11		07/01/03 - 09/30/03						-	
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04							-
	Non-Medi-Cal Units	1.0701700 -00/30/04		3,834					
2222		Tamping		<u> जनसम्बद्धाः स्टब्स्</u>	<u> </u>	mangintan.	<u>*1*1*1*1*1*1*1*1*1*1</u>	deleteleteleteletele	*1504240414141
13	Medi-Cal Costs	07/01/03 - 09/30/03	80,980	80,980					
13A		10/01/03 - 06/30/04	20.707	20.707					
14 14A	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	86,707	86,707					
15		10/01/03 - 06/30/04 07/01/03 - 09/30/03	05 222	ຄະລວາ					
15A	Medi-Cal Published Charges	10/01/03 - 06/30/04	85,322	85,322					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17.77	tarian and a santan	\$12.52.545.54. 414.54.54.54.54.54.54.54.5	**************		and the Cartesian	-17		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	•3•0•3•1•,•,•,•,•,•,•
17 N	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04				_			_
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04 07/01/03 - 09/30/03							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04		-+					<u> </u>
20		07/01/03 - 09/30/03							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
	erapagajajajajaja jajo ka jaronaka karakatara da ketalajajaja.			1414141-141414	-1	444444444	14	-2-2-1-2-2-2-2-1-1-1	<u> </u>
21 E	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22 E	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
ZZA		10/01/03 - 06/30/04	 						
23 23A	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
24		10/01/03 - 06/30/04 07/01/03 - 09/30/03	 				i		
24A E	nhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04	 		-				
		NEGOTI NEGOTA A A A A A A A A A A A A A A A A A A	30,000,000			866			
	nhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
	nhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	L {						
	nhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
41414 2	nhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04				2101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			************
29 μ	lealthy Families Costs	07/01/03 - 09/30/03							
29A	Colory 1 arranges Costs	10/01/03 - 06/30/04							
30 H	lealthy Families SMA Upper Limits	07/01/03 - 09/30/03							
SUA		10/01/03 - 06/30/04							
31 H	lealthy Families Published Charges	07/01/03 - 09/30/03							
51A		10/01/03 - 06/30/04							
32 H	lealthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			**************		. * . * , * . * . * . * . * . *
3 N	lon-Medi-Cal Costs		425,892	425,892					

CR

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

CR

CR

CR

CR

FISCAL YEAR 2003 - 2004

CR

County: NAPA County Code: 28

	Legal Entity: NAPA COUNTY gal Entity Number: 00028		Α	B Service	C Service	D Service	E Service	F Service	G Service
Le	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
				01	10	30	40	60	70
1	Allocation Percentage		100.00%	18.91%	7.04%	3.36%	31.87%	23.55%	15.279
2	Total Units			441,997	127,752	60,941	578,023	230,500	185,121
3	Gross Cost		3,993,720	755,101	281,299	134,187	1,272,758	940,702	609,674
4	Cost per Unit	<u> </u>		1.71	2.20	2.20	2.20	4.08	3.29
5	SMA per Unit			1.83	2.36	2.36	2.36	4.37	3.52
6	Published Charge per Unit			1.80	2.32	2.32	2.32	4.30	3.47
7	Negotiated Rate / Cost per Unit								
8		07/04/02 00/00/02		45,943	10.035	2 620	£2.00E	24.005	11,875
8A	Medi-Cal Units	07/01/03 - 09/30/03 10/01/03 - 06/30/04		111,461	18,025 38,677	2,630 18,432	53,865 194,436	34,985 92,344	42,975
9		07/01/03 - 09/30/03		111,401	36,677	10,432	194,430	3,910	42,975
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 09/30/04				-		8,528	
10		07/01/03 - 09/30/03		295			1,073		
10A	Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04		295	410		240	235 355	180
	Enhanced SD/MC (Refugees) Units			293	410		240	355	100
11		07/01/03 - 06/30/04	<u> </u>		-			+	
_	Healthy Families (SED) Units								
11A	Non-Medi-Cal Units	10/01/03 - 06/30/04		284 002	70.640	30 970	329 400	00 142	120 001
12	Non-mour-off Offits	<u>*************************************</u>		284,003	70,640	39,879	328,409	90,143	130,091
13	Medi-Cal Costs	07/01/03 - 09/30/03	424,462	78,488	39,690	5,791	118,606	142,779	39,109
13A	1000 Odi Oosio	10/01/03 - 06/30/04	1,262,700	190,418	85,163	40,586	428,132	376,868	141,533
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	454,627	84,076	42,539	6,207	127,121	152,884	41,800
14A	Wedi-Oai SWA Opper Limits	10/01/03 - 06/30/04	1,352,435	203,974	91,278	43,500	458,869	403,543	151,272
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	447,226	82,697	41,818	6,102	124,967	150,436	41,206
15A	Wedi-Oat i ubilatica Charges	10/01/03 - 06/30/04	1,330,417	200,630	89,731	42,762	451,092	397,079	149,123
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A	The Ground Traces	10/01/03 - 06/30/04							
17	<u>i yn yn yn yn dran yn yn dan dan dan dan dan dan dan dy han dan dan dagnyn an an an an yn yn dan</u> 	07/01/03 - 09/30/03	15,957		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			15,957	
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	34,804		- 1		-	34,804	
18		07/01/03 - 09/30/03	17,087	_				17,087	
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	37,267				1	37,267	
19		07/01/03 - 09/30/03	16,813					16,813	
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04	36,670			İ		36,670	
20	Marking and all Oak Oassans Mark & Balan	07/01/03 - 09/30/03	·						
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04					İ		
		07/04/00 00/00/00	0.000	504	***********	and toler changes of		050	sasafiastetete
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	3,826	504			2,363	959	
21A		10/01/03 - 06/30/04	3,977	504	903	+	528	1,449	593
22 22A	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03 10/01/03 - 06/30/04	4,099 4,259	540 540	968		2,532	1,027	221
					968	-	566	1,551	634
23 23A	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	4,031	531	951	-	2,489	1,011	625
		10/01/03 - 06/30/04	4,190	531	951		557	1,527	625
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04		012424.4.42 4.42 5244.	*********				\$1515151515151515 <u>1</u>
		07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29		07/01/03 - 09/30/03	<u>landanananan</u>	*************	*************			-1-1-1-1-1-1-1-1-1-1-1	1 <u>4145-1414141414</u>
29A	Healthy Families Costs	10/01/03 - 06/30/04					-		
30		07/01/03 - 09/30/03	+		+		- +		
30A	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	-						_
31		07/01/03 - 09/30/03	+	-					
31A	Healthy Families Published Charges	10/01/03 - 06/30/04				+	1	-	
32		07/01/03 - 09/30/03			+	+			
32A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04	+	+			-		-
-45		10/01/03 - 00/30/04	*,*,*,*,*,*,*,*,*,*,*,*,*,*,*,	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		orono de contra			-2-2-2- 3-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
33	Non-Medi-Cal Costs		2,247,994	485,186	155,543	87,810	723,129	367,886	428,439

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: NAPA

MHS County Code: 28 MHS MHS MHS MHS Ð Legal Entity: NAPA COUNTY G Legal Entity Number: 00028 Service Service Service Service Service Service Mode: 15 - Outpatient (Program 2) Mode Total Function Function Function Function Function Function 34 66 32 33 31 Allocation Percentage 100.00% 0.05% 11.30% 33.89% 18.37% 36.40% 2 Total Units 70 16 195 79 655 44 131 96 851 Gross Cost 312.835 142 35,344 106.015 57,455 113.879 Cost per Unit 1 18 2.03 2 18 1.33 1.30 SMA per Unit 2.36 4 37 2.36 2.36 2.36 Published Charge per Unit Negotiated Rate / Cost per Unit 07/01/03 - 09/30/03 1.550 8.240 15,101 2.620 Medi-Cal Units 88 10/01/03 - 06/30/04 70 6.304 16 485 17.543 45,300 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Units 10/01/03 - 06/30/04 10 Enhanced SD/MC Units 07/01/03 - 09/30/03 650 100 10/01/03 - 06/30/04 150 454 10B Enhanced SD/MC (Refugees) Units 07/01/03 - 06/30/04 11 Healthy Families (SED) Units 07/01/03 - 09/30/03 10/01/03 - 06/30/04 12 Non-Medi-Cal Units 8.191 17.698 60.550 35.896 13 Medi-Cal Costs 07/01/03 - 09/30/03 35.354 3.383 3.487 10.728 17.756 13.758 53,264 10/01/03 - 06/30/04 111.944 142 21,940 22,840 07/01/03 - 09/30/03 68.041 6.774 35.638 6.183 19.446 Medi-Cal SMA Upper Limits 165 10/01/03 - 06/30/04 214.928 27,548 38.905 41.401 106,908 07/01/03 - 09/30/03 Medi-Cal Published Charges 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Medi-Cal Negotiated Rates 16A 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Costs 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Published Charges 10/01/03 - 06/30/04 20 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Negotiated Rates 20A 10/01/03 - 06/30/04 07/01/03 - 09/30/03 964 846 118 Enhanced SD/MC Costs 327 21A 10/01/03 - 06/30/04 534 861 07/01/03 - 09/30/03 1.770 1.534 236 Enhanced SD/MC SMA Upper Limits 10/01/03 - 06/30/04 1.727 656 1.071 07/01/03 - 09/30/03 Enhanced SD/MC Published Charges 23A 10/01/03 - 06/30/04 24 07/01/03 - 09/30/03 Enhanced SD/MC Negotiated Rates 24A 10/01/03 - 06/30/04 25 Enhanced SD/MC (Refugees) Costs 07/01/03 - 06/30/04 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/03 - 06/30/04 Enhanced SD/MC (Refugees) Published Charges 07/01/03 - 06/30/04 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/03 - 06/30/04 29 29A Healthy Families Costs 07/01/03 - 09/30/03 10/01/03 - 06/30/04 30 Healthy Families SMA Upper Limits 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Healthy Families Published Charges 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Healthy Families Negotiated Rates 10/01/03 - 06/30/04

163,712

17,876

80,588

23,041

42,207

33 Non-Medi-Cal Costs

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

CR

FISCAL YEAR 2003 - 2004

G

Service

County: NAPA County Code: 28

Legal Entity: NAPA COUNTY
Legal Entity Number: 00028
Mode: 45 - Outreach С В Α D Service Service Service Service Service Mode Total Function Function 21

CR

Function Allocation Percentage
 Total Units 100.00% 7.21% 92.79% 28,775 16,773 30 Gross Cost 232,603 215,830 4 Cost per Unit 5 Non-Medi-Cal Units 0.58 7,194.33 28,775 30 Non-Medi-Cal Costs 232,603 16,773 215,830

1 Wudits\MG\Napa_As Audited 03-04 Cost Report XLS MH1966_MODE45

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: NAPA County Code: 28 MAA MAA MAA MAA MAA

Legal Entity: NAPA COUNTY	Н	Ī	J	K	L	M	N
Legal Entity Number: 00028	Service	Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities	Function	Function	Function	Function_	Function	Function	Function
	17	21	24	27	31		
Allocation Percentage	31.20%	0.12%	24.44%	0.71%	0.10%	,	
2 Total Units	41,225	150	16,170	430	210		_
Total Expenditures	21,047	82	16,485	480	68		
Cost per Unit	0.51	0.55	1.02	1.12	0.32		
Non-Medi-Cal Costs							

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: NAPA

County Code: 28 MAA MAA MAA MAA MAA MAA MAA

Legal Entity: NAPA COUNTY		Α	B	С	D	E	F	G
Le	Legal Entity Number: 00028		Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Function	Function	Function	Function	Function	Function
			01	04	07	09	11	14
1	Allocation Percentage	100.00%	10.61%	0.71%	4.67%	9.32%	13.07%	5.06%
2	Total Units		14,935	850	3,760	5,580	18,170	4,225
3	Total Expenditures	67,459	7,156	476	3,147	6,290	8,817	3,411
4	Cost per Unit		0.48	0.56	0.84	1.13	0.49	0.81
5	Non-Medi-Cal Costs	10,708						

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: NAPA County Code: 28

inty Code: 28 CR CR

Г	Legal Entity: NAPA COUNTY	A	В	С	D	E	F	G
Le	Legal Entity Number: 00028 Mode: 60 - Support		Service Function	Service	Service Function	Service Function	Service Function	Service
				Function				Function
			30	46				
1	Allocation Percentage	100.00%	68.72%	31.28%				
2	Total Units	apatement .	45	30				
3	Gross Cost	104,933	72,111	32,822				
4	Cost per Unit		1,602.47	1,094.07	***************			
5	Non-Medi-Cal Units (Same as Line 2)		45	30				
6	Non-Medi-Cal Costs (Same as Line 3)	104,933	72,111	32,822	ygaragarararararararar 	14141414141414141414	statatatatatat <u>itatata</u>	<u> </u>

I Vaudrites MG/Napa_As Audrised 03-04 Cost Report XLS

with the contract of the contr

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (08/04)

County Code: 28	REIMBURSEMENT TYPE			PC		Costs		1	Costs	ts		
Legal Entity: NAPA COUNTY		A	В	C	D	E	F	G	Н	1	J	К
Legal Entity Number: 00028					T-4-1	Total				Total		Total
			Mode 55 S. F.'s 11-19,	T	Total MAA	Inpatient Mode 05-	Mode 05-All		Mode 15	Outpatient Exclude	Mode 15	Outpatient (Col. I + Col. J
		S. F.'s 01-09	31-39	S. F.'s 21-29		Hospital	Other	Mode 10	Program (1)	Program (2)	Program (2)	
Medi-Cal Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04					 	 	80,980		1,262,700	35,354 111,944	
A	07/01/03 - 09/30/03						 	86,707	1,262,700 454,627	541,335	68,041	
Medi-Cal SMA	10/01/03 - 06/30/04								1,352,435	1,352,435	214,928	1,567,38
Medi-Cal P. C.	07/01/03 - 09/30/03						↓	85,322				532,54
A	10/01/03 - 06/30/04 07/01/03 - 09/30/03					} -	 	 -	1,330,417	1,330,417		1,330,4
Medi-Cal N R.	10/01/03 - 06/30/04											
	07/01/03 - 09/30/03					<u> </u>	100,000,000	80,980	424,462	505,442	35,354	540.79
Medi-Cal Gross Reimbursement	10/01/03 - 06/30/04								1,262,700	1,262,700	111,944	
Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03								15,957	15,957		15,95
A Medicare/Medi-Cai Crossover Cost	10/01/03 - 06/30/04								34,804	34,804		34,80
Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03 10/01/03 - 06/30/04							ļ	17,087	17,087 37,267		17,01
A Madiana Madi Cal Carana R C	07/01/03 - 09/30/03							l	37,267 16,813	16,813		37,26
Medicare/Medi-Cal Crossover P. C.	10/01/03 - 06/30/04								36,670			36,6
Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03						 	 		 '		
A	10/01/03 - 06/30/04					2010101010101010101		nada a Oktober	नगरमञ्जूषाय			<u> </u>
Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04						├ ──┘	l	15,957	15,957		15,9
<u>:000000000000000000000000000000000000</u>						000000000	<u> </u>		34,804	34,804	<u> चार्चन समूच्य</u> ुक्	34,8
1 Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04						<u> </u>	80,980	440,420 1,297,504	521,399 1,297,504	35,354 111,944	556,7 1,409,4
and the contract of the contra	a francisco de caracterio de la contractorio de la					**********			1.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03 10/01/03 - 06/30/04						 		3,826 3,977	3,826	964 861	4,7
Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03						\vdash		4,099	4,099	1,770	5,86
<u> </u>	10/01/03 - 06/30/04								4,259	4,259	1,727	5,9
Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03						├		4,031 4,190	4,031 4,190		4,0
· 	07/01/03 - 09/30/03								4,190	4,190		
Enhanced SD/MC (Children) N. R.	10/01/03 - 06/30/04											
Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03								3,826	3,826	964	4,79
SA Elitable 30/MC (Children) Gross Rein.	10/01/03 - 06/30/04								3,977	3,977	861	4,83
Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04						<u> </u>					
Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04 07/01/03 - 06/30/04								<u> </u>	 		
<u>i andara da na na njari a na u>	07/01/03 - 09/30/03					<u></u>		PO 000	444.245	Eng not	26 247	
Total Medi-Cal Gross Reimbursement A (Excludes Refugees)	10/01/03 - 06/30/04							80,980	1,301,481	525,225 1,301,481	36,317	561,5 1,414,20
Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04						i — 1		1.501.401	1,501,401		1,717,20
Healthy Expedies Cost	07/01/03 - 09/30/03					*1*1*4 <u>*4</u> *4*4*4*4*4		2241,1141414141414141	***********			(11,1 <u>,1,1,</u> 1,1,1,1,1,1,1,1,1,1,1,1,1,1,1
A realtry ramines Cost	10/01/03 - 06/30/04											
Healthy Families SMA	07/01/03 - 09/30/03								├──			
A	10/01/03 - 06/30/04 07/01/03 - 09/30/03								├── ─		1202025-02025-0203-020	
A	10/01/03 - 06/30/04											
Healthy Families N. R.	07/01/03 - 09/30/03											
A	10/01/03 - 06/30/04						10.000.000					olekski (1885) Statelski (1885)
Healthy Families Gross Reim.	07/01/03 - 09/30/03											
Less: Patient and Other Payor Revenue	10/01/03 - 06/30/04						10140111111111111		101111111111111111111111111111111111111	111111111111111111111111111111111111111		
	07/01/03 - 09/30/03						141414-41414141414	<u> </u>	1-1-1-1-1-1-11111111111	<u></u>	<u> </u>	***************************************
A SD/MC + Clossover Revenue	10/01/03 - 06/30/04								9,255	9,255		9,25
Enhanced SD/MC (Children) Revenue												
Enhanced SD/MC (Refugees) Revenue Healthy Families Revenue												
Total Expenditures from MAA (Mode 55)	<u> Tanana kangaban ana Kit</u> anana kanana kati t	17.000	22.242	47.047	67.450		***********		alabana da	115 1111	***************************************	*****
Medi-Cal Eligibility Factor (Average)		17,069	33,343 78.7	17,047	67,459							
Revenue - MAA												
Not Due SD/MC for Direct Services	07/01/03 - 09/30/03	17,069	26,258	13,425	56,751		22000000000	80,980	444,245	525,225	36,317	561.5
A Net Due - SDIMC for Direct Services	10/01/03 - 06/30/04								1,292,226	1,292,226	112,805	1,405,0
Net Due - Enhanced SD/MC (Refugees)	D7/04/00 00/00											
Net Due - Healthy Families	07/01/03 - 09/30/03 10/01/03 - 06/30/04											
	1.00.700 - 00/00/04											111111111111111111111111111111111111111
Amount Negotiated Rates Exceed Costs	07/01/03 - 09/30/03					141414141414141414141414	<u> </u>		11:11:11:11:11:11:11	1-1-1-1-1-1-11-11-11-11		1919191919191919191
A] Some (meddes enimaren)	10/01/03 - 06/30/04											
Enhanced SD/MC (Refugees)												
Healthy Families	07/01/03 - 09/30/03 10/01/03 - 06/30/04	annightian i										

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (08/04)

FISCAL YEAR 2003 - 2004

DEPARTMENT OF MENTAL HEALTH

County: NAPA County Code: 28

Legal Entity: NAPA COUNTY		A	В	С	D	E	F	G	Н		J
Legal Entity Number: 00028		Total	Total	Total		50.00%	54.35%	52.95%	Variable %	75.00%	Total
		MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County											
1 County SD/MC Direct Service Gross Reimburse				1,975,829	1,975,829						
	Contract Providers Medi-Cal Direct Service Gross Reimbursement		418,882	1,297,005	1,715,887						
3 Total Medi-Cal Direct Service Gross Reimburser	ment				3,691,716						
4 Medi-Cal Administrative Reimbursement Limit					553,757						
5 Medi-Cal Administration					1,059,562						
6 Medi-Cal Administrative Reimbursement					553,757	276,879					276,87
Healthy Families Administrative Reimbursement	(County Only)										
7 County Healthy Families Direct Service Gross Re			1.	1-1-1-1-1-1-1-1-1-1-1-1							
7A Contract Providers Healthy Families Direct Servi			 	<u> </u>							
7B Total Healthy Families Direct Service Gross Rein											
8 Healthy Families Administrative Reimbursement											
9 Healthy Families Administration											
10 Healthy Families Administrative Reimbursement											1
	4444444444 <u>212</u> 54444										
SD/MC Net Reimbursement for MAA					1700	22,111,022,031					0 53
Medi-Cal Admin. Activities Svc Functions 01 - 09		17,069			17,069	8,535 13,129					8,533 13,129
2 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39		26,258 13,425			26,258 13,425	13,129				10,068	10.068
13 Medi-Cal Admin. Activities Svc Functions 21 - 29	(County Only)	13,423			13,423					10,008	10,000
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				153,195					114,896	114,896
15 Other SD/MC Utilization Review (County Only)					125	63					6.
16 0046 14 0	07/01/03 - 09/30/03			556,753	556,753		302,595			ererererererererereidetik Historiakokikistalak	302,595
SD/MC Net Reimbursement for Direct Services	10/01/03 - 06/30/04			1,400,194	1,400,194		302,393	741,403			741,403
17	07/01/03 - 09/30/03			4,790	4,790			741,403	3,113		3,113
Enhanced SD/MC Net Reimb. (Children)	10/01/03 - 06/30/04			4,838	4,838				3,145		3,145
18 Enhanced SD/MC Net Reimb. (Refugees)	10/01/03 + 00/30/04			4,030	4,836				3,143		3,145
nicker at a proportion of the configuration of the	<u>, inproprint quality for the color</u>				<u> producednica del co</u>						<u> Hadandadaa</u>
19 Total SD/MC Reimbursement Before Excess FFF											1,473,825
20 Amount Negotiated Rates Exceed Costs - SD/MC	C & Enh. SD/MC										
Total SD/MC Reimbursement (FFP)											1,473,825
Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)											1,473,825
24	07/01/03 - 09/30/03		*******************	<u> </u>	******				<u> </u>		*******
Healthy Families Net Reimbursement	10/01/03 - 06/30/04								 		
Total Healthy Families Reimbursement Before Excess FFP											
 Total Healthy Families Reimbursement Before Ex Amount Negotiated Rates Exceed Costs - Health 			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u>. + . + . + . + . + . + . + . + . + . +</u>						-
Total Healthy Families Reimbursement			 		 	· · · · · · · · · · · · · · · · · · ·				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	